



Local Project Administration

Certification Course Manual & Reference Guide

February 2005

(DBE)
Disadvantaged Business Enterprise
and
On The Job Training
(OJT)

Disadvantaged Business Enterprise (DBE) Program

Program manual available at:

**[http://www.state.me.us/mdot/disadvantaged-business-
enterprises/dbe-home.php](http://www.state.me.us/mdot/disadvantaged-business-enterprises/dbe-home.php)**

or by calling 207-624-3066

Memorandum

Date: 12/17/04

To: Locally Administered Projects personnel

From: Christy Cross, MaineDOT EEO Coordinator

RE: FFY 2005 DBE Activities

In accordance with Federal Regulation 49 CFR § 23 and 26, the Maine Department of Transportation has set the Disadvantaged Business Enterprise (DBE) participation level from October 1, 2004 through September 30, 2005 at **10.73%**. The goal is adjusted annually, and LAPs are reminded to verify the adjusted goal each year at the onset of the Federal Fiscal Year (October 1).

The target is for DBE participation in all contract work funded in whole or in part with federal funds. Such projects may include Consulting (Design, R-O-W, Geotechnical, Utilities, Public Process/Hearings, and Environmental) or Constuction (Inspection, Testing, all project specific applications, and project management (including payroll services/record keeping). A DBE can be a Prime or subcontractor/subconsultant. Only that work actually performed by the DBE is creditable to any project goal. See the DBE Program Manual for specific guidance (document incorporated within the LAP Course Manual or at www.mainedot.gov (go to Doing Business, then Contractor section and click on "DBE, OJT, Civil Rights").

The DBE program is not a voluntary effort. Federally funded project recipients must examine each aspect of a contract to access opportunities for DBE participation at a percentage that is meaningful for that specific project. Only those firms certified by MaineDOT as DBEs at the time of bidding are to be considered. See

the MaineDOT Directory of Certified Businesses at www.mainedot.gov and follow the links as above, but to the DBE Directory. Note the DBE Directory is regularly updated.

Use the following checklist in compliance with DBE activities:

- 1. ___ Use MaineDOT's up-to-date DBE Directory to identify DBE firms.**
- 2. ___ At Bid Opening or with Technical Proposal, submit DBE Utilization form & get signed approval.**
- 3. ___ Maintain documentation of work in progress.**
- 4. ___ Upon completion of the project submit DBE Goal Verification signed by both Prime & DBE attesting to work completed and payment made according to acceptance by Project management.**
- 5. ___ Report DBE problems to Project Management or to MaineDOT's Equal Opportunity unit.**

Generally, a recommendation of award may not be made *if* the information is not provided or *if* efforts to gain DBE participation are insufficient.

Firms who acquire DBE status after award *may* have their work credited via a change order.

Once a commitment has been affirmed through the DBE Utilization form, no change in utilization can occur without written authorization from the Equal Opportunity unit.

If in doubt, call –Jackie LaPerriere at 207-624-3066 or Christy Cross at 624-3063.

___ Original Submission

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___ Revision # _____

**MaineDOT CONSULTANT'S DISADVANTAGED BUSINESS ENTERPRISE
PROPOSED UTILIZATION FORM**

Must be provided as an attachment to each New or Revised Technical Proposal

Consultant: _____

Telephone: _____

Prepared by: _____

Fax: _____

TOTAL CONTRACT/MODIFICATION AMOUNT: \$ _____

DATE OF EXECUTION: ____/____/____
(For Department Use Only)

FEDERAL PIN # _____

PROJECT LOCATION: _____

TOTAL DBE _____ % PARTICIPATION FOR THIS PROJECT

W B E•	D B E•	Firm Name	Description of Work & Item Number	Actual \$ Value
Total >				

Consultants must make a good faith effort to include Certified DBE firms in all aspects of the project. If no DBE firms are to be part of this project team, a detailed explanation is required.

Equal Opportunity Use:

Form received: ____/____/____ Verified by: _____

___ Accepted ___ Rejected _____

cc: ☐ Contracts ☐ Other _____

- WBEs are non-minority women owned firms certified by MaineDOT
 - DBEs are male and minority owned firms certified by MaineDOT
- For a complete list of certified firms go to <http://www.maine.gov/mdot>

✓ Original Submission

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Revision # _____

**MaineDOT CONSULTANT'S DISADVANTAGED BUSINESS ENTERPRISE
PROPOSED UTILIZATION FORM**

Must be provided as an attachment to each New or Revised Technical Proposal

Consultant: Aqua Consulting Group Telephone: (207) 622-0000

Prepared by: Julie Doe Fax: (207) 622-0001

TOTAL CONTRACT/MODIFICATION AMOUNT: \$ 10,000.00

DATE OF EXECUTION: 01 / 11 / 05
(For Department Use Only)

FEDERAL PIN # 10001.01 PROJECT LOCATION: Next Town Over

TOTAL DBE 2.5 % PARTICIPATION FOR THIS PROJECT

W B E•	D B E•	Firm Name	Description of Work & Item Number	Actual \$ Value
X		ABC Drafting Company	Graphic Design	2,500.00
Total >				2,500.00

Consultants must make a good faith effort to include Certified DBE firms in all aspects of the project. If no DBE firms are to be part of this project team, a detailed explanation is required.

Equal Opportunity Use:

Form received: 1 / 12 / 05 Verified by: Jacklyn LaPerriere

✓ Accepted _____ Rejected _____

cc: ☒ Contracts ☐ Other _____

- WBEs are non-minority women owned firms certified by MaineDOT
 - DBEs are male and minority owned firms certified by MaineDOT
- For a complete list of certified firms go to <http://www.maine.gov/mdot>

**MaineDOT CONTRACTOR'S DISADVANTAGED BUSINESS ENTERPRISE
PROPOSED UTILIZATION FORM**

Low Bidder must furnish this form to Contracts Section by close of Bid Opening day.

Contractor: _____

Telephone: _____

Prepared by: _____

Fax: _____

BID PRICE: \$ _____

BID DATE: ____/____/____

FEDERAL PIN # _____

PROJECT LOCATION: _____

TOTAL DBE _____ % PARTICIPATION FOR THIS PROJECT

W B E•	D B E•	Firm Name	Unit/Item Cost	Quantity	Description of Work & Item Number	Actual \$ Value
Total >						

Attach supporting evidence of the maximum participation of certified DBEs on this project. This is a requirement. This evidence must include name of firm(s) contacted, date contacted, and outcome of solicitation.

Equal Opportunity Use:

Form received: ____/____/____ Verified by: _____

____ Accepted ____ Rejected _____

cc: ☐ Contracts ☐ Other _____

- WBEs are non-minority women owned firms certified by MaineDOT
 - DBEs are male and minority owned firms certified by MaineDOT
- For a complete list of certified firms go to <http://www.maine.gov/mdot>

✓ Original Submission

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**MaineDOT CONTRACTOR'S DISADVANTAGED BUSINESS ENTERPRISE
PROPOSED UTILIZATION FORM**

Low Bidder must furnish this form to Contracts Section by close of Bid Opening day.

Contractor: XYZ Construction Company Telephone: (207) 888-0000

Prepared by: Michael Marks Fax: (207) 888-0001

BID PRICE: \$ 6,800,700.00

BID DATE: 12 / 30 / 04

FEDERAL PIN # STP-4444(00)X

PROJECT LOCATION: Northtown

TOTAL DBE 5.68 % PARTICIPATION FOR THIS PROJECT

W B E•	D B E•	Firm Name	Unit/Item Cost	Quantity	Description of Work & Item Number	Actual \$ Value
X		Norpine Landscape	181/EA 169/EA 39/EA	5 EA 5 EA 5 EA	621.037 Evergreen Tree (1500-1800mm) 621.262 Lg Decid Tree (300-600mm) 621.54 Decid Shrubs	905.00 845.00 195.00
X		Star Security	15.MHR	20500 MH	652.38 Flagger	307,500.00
X		Superior Construction	24.61/M 47.07/M 49.28/M 60/EA 26/EA 35/EA 250/EA 1900/EA	39M 1017M 69M 9 EA 90 EA 20 EA 2 EA 12 EA	Guard Rail Beam GR Type 3C – Single Rail GR Type 3C – Over 4.5 m RAD Term End – Sgl Rail – Galv Steel GR Delineator Post Single Wood Post Multiple Mailbox Support GR 350 Flared Terminal	935.18 47870.19 3400.32 540.00 2340.00 700.00 500.00 22800.00
Total >						386,585.69

Attach supporting evidence of the maximum participation of certified DBEs on this project. This is a requirement. This evidence must include name of firm(s) contacted, date contacted, and outcome of solicitation.

Equal Opportunity Use:

Form received: 12 / 30 / 04 Verified by: Jacklyn LaPerriere

✓ Accepted _____ Rejected _____

cc: ☒ Contracts ☐ Other _____

- WBEs are non-minority women owned firms certified by MaineDOT
 - DBEs are male and minority owned firms certified by MaineDOT
- For a complete list of certified firms go to <http://www.maine.gov/mdot>

CERTIFICATION OF FINAL DBE PAYMENT

Contractor submit to: Rebecca Pooler, MaineDOT Capitol Resources Contract Section with final Project documentation.

Consultant submit to Project Manager with final Project documentation.

Complete one form for each DBE Participant

Project Number and Location: _____

Total DBE Participation \$ _____ % _____

In connection with the above referenced contract we the undersigned, jointly certify and attest the following information to be true.

1. DBE Firm: _____

2. Describe work performed by DBE on this project: _____

3. Total amount paid to DBE to date: \$ _____

4. Total amount remaining to be paid to DBE \$ _____

5. Is amount paid to DBE expected to increase when final invoice is submitted:

Yes ____ No ____

6. If yes, approximately how much? \$ _____

Attest:

CONTRACTOR/CONSULTANT

DBE

(Firm's Name)

(Firm's Name)

(Signature)

(Signature)

(Title)

(Title)

(Date Signed)

(Date Signed)

CERTIFICATION OF FINAL DBE PAYMENT

Contractor submit to: Rebecca Pooler, MaineDOT Capitol Resources Contract Section with final Project documentation.

Consultant submit to Project Manager with final Project documentation.

Complete one form for each DBE Participant

Project Number and Location: MDOT-Jefferson STP-1064(500)X Pin 10210.10

Total DBE Participation \$ 74,696.00 % 4.3%

In connection with the above referenced contract we the undersigned, jointly certify and attest the following information to be true.

1. DBE Firm: ABC Company
2. Describe work performed by DBE on this project: Groundwork

3. Total amount paid to DBE to date: \$ 357,456.00
4. Total amount remaining to be paid to DBE \$ 0.00
5. Is amount paid to DBE expected to increase when final invoice is submitted:
Yes X No _____
6. If yes, approximately how much? \$ 7,834.00

Attest:

CONTRACTOR/CONSULTANT

The XYZ Company of Maine
(Firm's Name)

X.Y. Zummineritx
(Signature)

Plant Manager
(Title)

October 27, 2003
(Date Signed)

DBE

ABC Company
(Firm's Name)

A.B. Ceminasina
(Signature)

Owner
(Title)

December 12, 2003
(Date Signed)

On-the-Job Training (OJT) Program

Program manual available at:

**[http://www.state.me.us/mdot/disadvantaged-business-
enterprises/dbe-home.php](http://www.state.me.us/mdot/disadvantaged-business-enterprises/dbe-home.php)**
or by calling 207-624-3066

OJT LETTER OF INTENT
SUBMIT TO DEO/ER AT CONTRACT AWARD

Total Training Hours: _____

Contractor Name _____ anticipates training in the classifications listed and expect to start each on the below given dates:

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Report of employment statistics for the entire Company workforce, by hours worked for each craft for the last calendar year.

Position	Total Employees	White Males	Females	Hispanic	American Indian	Black	Asian	Disabled	Number of Recalls
Superintendent									
Operating Engineer									
Equipment Operator									
Mechanics									
Truck Drivers									
Ironworker/Rod									
Carpenters									
Const.Wkr. Bridge									
Const.Wkr.Hwy.									
Pipelayer									
Bridge Maint Wkr.									
Laborer, Semi-Skill									
Laborer, Unskilled									
Foreperson/Bridge									
Foreperson/Hwy									
Welder									
Other,									
Other,									

Approved by _____

DEO/ER Official: _____ Date: _____

(cc: MDOT on-site Project Representative, File, WU)

Send to: Maine Dept. of Transportation
Office of Human Resources
16 State House Station
Augusta, ME 04333-0016

Project Name: _____

Contractor: _____

Project Name: STP-1234(900)X

Project Location: My Home Town

OJT LETTER OF INTENT

Total Training Hours: 2000

Contractor Name XYZ Construction Company anticipates training in the classifications listed and expect to start each on the below given dates:

1. Construction Worker Highway Date: 05/01/04
2. Equipment Operator Date: 05/01/04
3. _____ Date: _____

Report of employment statistics for the entire Company workforce, by hours worked for each craft for the last calendar year.

Position	Total Employees	White Males	Females	Hispanic	American Indian	Black	Asian	Disabled	Number of Recalls
Superintendent	53,000	47,000	6,000						50
Operating Engineer									
Equipment Operator	360,000	340,000	13,000	3,000	1,000	2,000	1,000		40
Mechanics									
Truck Drivers	340,000	300,000	30,000		5,000	5,000			230
Ironworker/Rod									
Carpenters									
Const.Wkr. Bridge									
Const.Wkr.Hwy.									
Pipelayer									
Bridge Maint Wkr.									
Laborer, Semi-Skill	97,500	78,000	12,500	1,500	3,500	2,000			60
Laborer, Unskilled									
Foreperson/Bridge									
Foreperson/Hwy	67,000	65,000	2,000						35
Welder	17,000	16,998				2			40
Other,									

Approved by

DEO/ER Official: Maureen Murray Date: 4/28/04
MDOT Representative

(cc: MDOT on-site Project Representative, File)

Submit to:
Women Unlimited
71 Winthrop Street
Augusta, ME 04330-5505
(207) 623-7576 or 1-800-281-5259
(207) 62307299 (fax)

SUBMIT PRIOR TO PRE-CONSTRUCTION PHASE

OJT REGISTRATION/ENROLLMENT FORM

Submit in FULL

Name: _____,

Address: _____, _____ Me. _____

Phone No: _____ Social Security No: _____

Ethnic/Protected Class: _____ Sex: ____ Male ____ Female

Project Number: _____ Project Location: _____

Training Classification: _____ Hours: _____

____ New Hire ____ Upgrade ____ Other, what _____

Enclosed copy of: _____ Resume or _____ Job Application.

Expected Start Date: ____/____/____ Start Wage: \$_____/hr.(____% journeyed rate)

Expected End Date: ____/____/____ End Wage: \$_____/hr.(____% journeyed rate)

Site Phone No: _____ EEO Officer: _____

* No contractor will be given credit until this form is approved by DEO/ER.

Notice: Per Contract Special Provision, should the DEO/ER determine the Contractor has not complied with the approved training program, the number of remaining hours for each trainee will be multiplied by the prevailing wage rate for that particular classification. The resulting figure shall be deducted from the Contractor's final payment.

_____/____/____ Trainee Signature	_____/____/____ Date	_____/____/____ Employer Signature	_____/____/____ Date
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FOR MDOT USE ONLY:

Approved By:

MDOT Official: _____ Date: _____

(cc: MDOT on-site representative Contractor, Trainee, File, WU)

OJT REGISTRATION/ENROLLMENT FORM
Submit in FULL

Name: JANE Q. PUBLIC

Address: 12 DOWN YOUR STREET , ANYTOWN Me. 04000

Phone No: (207) 999-0000 Social Security No: 000-00-0000

Ethnic/Protected Class: FEMALE Sex: Male ☒ Female

Project Number: NH-9999(00)X Project Location: SOMEWHERE

Training Classification: EQUIPMENT OPERATOR Hours: 1000

☒ New Hire ☐ Upgrade ☐ Other, what _____

Enclosed copy of: ☒ Resume or ☐ Job Application.

Expected Start Date: 05/ 01 / 04 Start Wage: \$ 10.00 /hr. (% journeyed rate)

Expected End Date: 10/ 01 / 05 End Wage: \$ 11.00 /hr. (% journeyed rate)

Site Phone No: (207) 888-0000 EEO Officer: JOE BOSS

* No contractor will be given credit until this form is approved by DEO/ER.

Notice: Per Contract Special Provision, should the DEO/ER determine the Contractor has not complied with the approved training program, the number of remaining hours for each trainee will be multiplied by the prevailing wage rate for that particular classification. The resulting figure shall be deducted from the Contractor's final payment.

<u>Jane Q. Public</u>	<u>04 / 15 / 04</u>	<u>Joe Boss</u>	<u>04/ 15/ 04</u>
Trainee Signature	Date	Employer Signature	Date

FOR MDOT USE ONLY:

Approved By:

MDOT Official/Representative: Maureen Murray, Women Unlimited Date: 4/23/04

(cc: MDOT on-site representative, Contractor, Trainee, File, WU)

Weekly OJT Evaluation Form

STATE USE ONLY
Hours eligible for reimbursement:

**Submit to: Construction Manager
(include for off site training)**

N=Needs Improvement A=Acceptable E=Excellent

Phase of Training <input type="checkbox"/>	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Required Hours	Hours Accumulated as of Last Week	Total Hours This Week on site off site	Total Hours Accumulated To Date
							Total			

Performed This Week & Other Comments:
(Complete Each Week)

(Copies To: 1-MDOT, 2-Company, 3-MDOT On-site Representative, 4-Trainee)

Week Ending: 12/30/04

Weekly OJT Evaluation Form

Maine Department of
Transportation

Trainee Name: JANE Q. PUBLIC
Project #: STP-1234(900)X
Location: MY HOME TOWN
Company: XYZ CONSTRUCTION COMPANY

Classification: CONSTRUCTION WORKER HIGHWAY
Wage: 10.00
Effective Date: 5/1/04

Submit to: Construction Manager
(include for off site training)

STATE USE ONLY
Hours eligible for
reimbursement: 43.5

N=Needs Improvement A=Acceptable E=Excellent

Phase of Training <input type="checkbox"/>	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Required Hours	Hours Accumulated as of Last Week	Total Hours This Week on site	Total Hours Accumulated To Date
Familiarization	E	N	A	A	N		30.0	19.5	1.0	20.5
Knowledge	E	A	A	A	A		970.0	425.0	42.5	467.5
Total								444.5	43.5	488.0

Hours

Date:

Explanation:

- ☐ Promotion (wage increase: _____)
- ☐ Discipline _____
- ☐ Dismissal _____
- ☐ Quit _____
- ☐ Laid Off _____

Job Functions
Performed This Week & Other Comments:
(Complete Each Week)

Completed by: Joe Boss (Immediate Supervisor) Date: 1/8/05 Trainee's Signature: Jane Q. Public Date: 1/15/05

MDOT Representative: Maureen Murray Date: 1/17/05 (Copies To: 1-MDOT, 2-Company, 3-MDOT On-site Representative, 4-Trainee)